



March 16, 2009

Committee on Public Health

Support of Raised Bill No. 6674, AAC Workforce Development and Improved Access to Health Care Services.

Senator Harris, Representative Ritter, and Members of the Public Health Committee:

I am writing this testimony in support of Raised Bill No. 6674, because as a business owner, Advanced Practice Registered Nurse, and consumer of health care services, I feel that it is very important that the members of the Public Health Committee are aware of how this bill will benefit the population of the state of Connecticut.

I am a small business owner of a health care practice that provides behavioral health consultations to residents of nursing homes and assisted living facilities in our state. Our patients are, for the most part, members of at-risk populations; the elderly, the disabled, and those with mental illness.

Our APRN consultants see their caseload of patients without physician oversight or supervision, per the provisions of the Nurse Practice Act. Physician oversight /supervision was removed as a requirement for APRN practice by state statute approximately ten years ago. APRNs are currently mandated to have a collaborative agreement with a physician, which has become a disincentive to the establishment of practices such as mine, which provide care to patients that would otherwise likely not have access to psychiatric consultation.

APRNs already actively collaborate per the standards of nursing practice with members of all health care disciplines. In the course of caring for some of my patients, for example, I frequently confer with their primary care physician, physical or occupational therapist, dietician, and consultant pharmacist. The consultation and collaboration that occur on a daily basis within our practice are driven by the needs of the patient, and are most often **not** with the collaborator of record.

With the burgeoning growth of the oldest demographics in our population, geriatric patient access needs are only going to increase. Much of the psychiatric care of our nursing home population is already provided by APRNs, and the requirement of a collaborative agreement with a physician puts Connecticut's aging population at a distinct disadvantage when our neighboring states (Maine, Rhode Island, New Hampshire, and likely Vermont in 2009) allow for independent APRN practice.

The elimination of the requirement for mandated collaboration will not impact on the way APRNs already practice: professionally. Our primary concern is for the patient; I know that this is your priority as well.

Thank you for the opportunity to address you.
Sincerely,
Susan Neistein, MSN, APRN
President, Cycare LLC Bloomfield, CT

